

Kellenberg Memorial High School
1400 Glenn Curtiss Blvd
Uniondale, NY 11553

(Name of Student – Please Print)

(Year of Graduation)

We have received the 2020-2021 edition of the Kellenberg Memorial Handbook of Information and have read it carefully. We accept its contents and will abide by the decisions and judgments of the Administration and Faculty of Kellenberg Memorial High School. We will see to it that our son or daughter abides by it.

(Signature of Father / Guardian)

(Signature of Mother / Guardian)

I have received the 2020-2021 edition of the Kellenberg Memorial Handbook of Information and have read it carefully. I accept its contents and will abide by the decisions and judgments of the Administration and Faculty of Kellenberg Memorial High School.

Signature of Student _____

We must be in receipt of this card by the FIRST DAY of school. There should be **three** signatures on this form. Please explain any blanks.

Explanation of missing signature: